

## APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)	
<b>A header is required at the beginning of each XML file as follows:</b> <?xml version="1.0" encoding="UTF-8" ?>								
< <b>submission<td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td></b>								
		Opening tag is required.						
	type	Describes the setting for which data is being submitted.	N/A	HOSPITAL	Character	20	Yes	
	data	Describes the type of data being submitted.	N/A	CLINICAL	Character	20	Yes	
	version	The version of the file layout.	N/A	3.0	Character	20	Yes	
	action-code	Describes the intended action of the file being submitted.	N/A	ADD	Character	20	Yes	
< <b>file-audit-data<td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td></b>								
sub-element of the submission data element		<b>Note:</b> This tag and the entire <file-audit-data> section are optional in the XML document. If submitted, this tag contains no data. Required if sub-elements are included.						
< <b>create-date<td data-kind="ghost"></td><td data-cs="6" data-kind="parent">sub-element of the file audit data element</td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td></b>		sub-element of the file audit data element						
		Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <create-date>05-10-2007</create-date>						
		None	The month, day, and year the XML file was created	N/A	MM-DD-YYYY (Must be a valid date)	Date	10	Yes
< <b>create-time<td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td></b>								
sub-element of the file audit data element		sub-element of the file audit data element						
		Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <create-time>23:01</create-time>						
		None	The hour and minutes representing the time the file was created	N/A	HH:MM (military format with or without colon)	Time	5	Yes
< <b>create-by<td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td></b>								
sub-element of the file audit data element		sub-element of the file audit data element						
		Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <create-by>VendorA</create-by>						
		None	The entity that created the file	N/A		Character	50	Yes
< <b>version<td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td></b>								
sub-element of the file audit data element		sub-element of the file audit data element						
		Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <version>1.0</version>						
		None	The version of the file being submitted	N/A		Character	20	Yes
< <b>create-by-tool<td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td></b>								
sub-element of the file audit data element		sub-element of the file audit data element						
		Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <create-by-tool>CART4.1</create-by-tool>						
		None	Tool used to create the XML file	N/A		Character	50	Yes
</ <b>file-audit-data<td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td><td data-kind="ghost"></td></b>								
Closing tag for file audit data		<b>Note:</b> This tag and the entire <file-audit-data> section are optional in the XML document, but if the opening tag of <file-audit-data> is provided, then this closing tag is required as well.						

## APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<provider> Sub-element of the submission data element	Opening tag for provider	<b>Note:</b> This tag is required in the XML document. However, it contains no data.					
<provider-id> sub-element of the submission element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <provider-id>1234567890</provider-id>						
	None	Used to identify the provider. This will be either a valid 6-digit Medicare or 10-digit Medicaid provider ID.	Provider ID	Valid 6 or 10 digit ID	Character	10	Yes (Conditionally)
<npi> sub-element of the provider element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <npi>1234567890</npi>						
	None	National Provider Identifier as assigned by CMS <b>Please Note:</b> If the <provider-id> value is NOT provided then a valid <npi> number is REQUIRED.	National Provider Identifier (NPI)	Valid 10 digit NPI Number	Character	10	Yes (Conditionally)
<hcoid> sub-element of the provider element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <hcoid>123456</hcoid>						
	None	Used to identify the healthcare organization	Health Care Organization Identifier	See ORYX Technical Implementation Guide	See ORYX Technical Implementation Guide	See ORYX Technical Implementation Guide	No
<patient> sub-element of the provider element	Opening tag for patient	<b>Note:</b> This tag is required in the XML document. However, it contains no data.					
<first-name> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <first-name>John</first-name>						
	None	The patient's first name	First Name	Patient's First Name	Character	30	Yes
<last-name> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <last-name>Doe</last-name>						
	None	The patient's last name	Last Name	Patient's Last Name	Character	60	Yes
<birthdate> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <birthdate>08-06-1964</birthdate>						
	None	The month, day, and year the patient was born	Birthdate	MM-DD-YYYY (Must be a valid birthdate and cannot equal UTD)	Date	10	Yes

## APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description		Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<sex> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <sex>M</sex>							
	None	The patient's sex	Sex	M,F,U	Character		1	Yes
<race> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <race>1</race>							
	None	Documentation of the patient's race	Race	1,2,3,4,5,7	Numeric		1	Yes
<ethnic> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <ethnic>Y</ethnic>							
	None	Documentation that the patient is Hispanic/Latino/Spanish	Hispanic Indicator	Y,N	Character		1	Yes
<postal-code> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <postal-code>50266</postal-code>							
	None	The postal code of the patient's residence. For USA zip codes, the hyphen is implied. If the patient is determined to not have a permanent residence, then the patient is considered homeless.	Postal Code	(5 or 9 digit without hyphen, "HOMELESS", or Non-US)	Character		9	Yes
<episode-of-care> sub-element of the patient element	Opening tag for episode of care	<b>Example with data:</b> <episode-of-care measure-set ="MAT-1">						
	measure-set	The code for the measure set submitted.	Measure set	MAT-4 MAT-5 NEWB-1 NEWB-2 CCM	Character		22	Yes
<admit-date> sub-element of the episode-of-care element	measure-set							
	None	The month, day, and year of admission for inpatient care	Admission Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date		10	Yes
<discharge-date> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <discharge-date>04-06-2007</discharge-date>							
	None	The month, day, and year the patient was discharged from acute care, left against medical advice, or expired during this stay.	Discharge Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date		10	Yes

## APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<pthic> sub-element of the episode-of-care element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <pthic>123456789A</pthic>					
	None	HIC# of the patient The patient's Medicare health insurance claim number.	Patient HIC#	<ul style="list-style-type: none"> <li>- No embedded dashes or spaces or special characters</li> <li>- Must have both alpha and numeric characters</li> <li>- Alpha characters must be upper case</li> <li>- Length cannot be more than 12 or less than 7 characters</li> <li>- For alphanumeric, do not allow all numeric values to be 9's. For example, do not allow 1 alpha + 999999999, etc.</li> </ul>	Character	7-12	No
<vendor-tracking-id> sub-element of the episode-of-care element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <vendor-tracking-id>123456789012</vendor-tracking-id>					
	None	Used by the vendor to identify the episode of care	Vendor Tracking ID	Up to 100 characters	Character	Up to 100	No
<patient-id> sub-element of the episode-of-care element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. <b>Example with data:</b> <patient-id>74185296374185296385</patient-id>					
	None	Identifier used to identify the patient at the hospital	Patient Identifier	Up to 40 characters	Character	Up to 40	Yes

## APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<detail> sub-element of the episode-of-care element		<p>Since this is the opening element, the closing tag for this element will be at the end of the record.</p> <p>Attributes describe the element and are included within the opening and closing &lt;&gt;</p> <p><b>Example of Yes/No question (refer to Table A for valid answer codes):</b> For discharges 4/1/2007 and forward:</p> <pre>&lt;detail answer-code="Y" row-number="0" question-cd="ASPRNRXDIS"&gt;</pre> <p><b>Example of multiple choice question (refer to Table A for valid answer codes):</b> &lt;detail answer-code="3" row-number="0" question-cd="ANTIBIRCVD"&gt;</p> <p><b>Example of a user-entered code:</b> &lt;detail answer-code="001.9" row-number="0" question-cd="OTHRDX#"&gt;</p>					
	answer-code	ID number of the answer	Not a data element itself; each possible answer has its own unique ID	Refer to Table A for valid values	Character	20	Yes
	question-cd	The field name of the question	Not a data element itself; each data element is a question code	Refer to Table A for valid values	Character	20	Yes
	row-number	Used to group answers together for multi-row, multi-column answers	Not a data element itself; used for grouping answers only	0-75 Depending on the number of rows allowed per question.  i.e. Antibiotic Name, Date, Time and Route would have rownumber 0 for the first antibiotic, 1 for the second antibiotic, and so on.	Integer	2	Yes  Default to 0. For multiple answer options, add 1 to the row number for each additional answer
<answer-value> Sub-element of detail	The answer value <b>Example:</b> <answer-value>No</answer-value>	The description of the answer-code	Not a data element itself; each answer has a value	Place the answer text here. Examples: Yes No Male Female 01-01-2006 <b>Note:</b> All Dates in this field should be formatted as MM-dd-yyyy	Character	2000	No
</detail>	Closing tag for detail	<b>Note:</b> This tag is required in the XML document. However, it contains no data.					
</episode-of-care>	Closing tag for episode of care	<b>Note:</b> This tag is required in the XML document. However, it contains no data.					
</patient>	Closing tag for patient	<b>Note:</b> This tag is required in the XML document. However, it contains no data.					
</provider>	Closing tag for provider	<b>Note:</b> This tag is required in the XML document. However, it contains no data.					
</submission>	Closing tag for submission	<b>Note:</b> This tag is required in the XML document. However, it contains no data.					

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Admission to the NICU	Was the newborn admitted to the NICU at this hospital at any time during the hospitalization?						
	ADMNICU	Alpha	1	1	Y	Yes	NEWB-1, NEWB-2
					N	No	
Advance Care Plan	Does the Transition Record include documentation of an Advance Care Plan?						
	ADVCAREPLN	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Born in this Facility	Was the newborn born in this facility?						
	BORNFAC	Alpha	1	1	Y	Yes	NEWB-2
					N	No	
Comfort Measures Only	Is there documentation for comfort measures only?						
	CMO	Alpha	1	1	Y	Yes	NEWB-2
					N	No	
Contact Information 24 hrs/ 7 days	Does the Transition Record include 24 hr/ 7 day Contact Information for questions, concerns, or emergencies related to the inpatient stay?						
	CONTINFOHRDY	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Contact Information for Studies Pending at Discharge	Does the Transition Record include Contact Information for obtaining results of studies pending at discharge or documentation that there were no studies pending at discharge?						
	CONTINFOSTPEND	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Current Medication List	Does the Transition Record include a Current Medication List or documentation of no medications?						
	MEDLIST	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Discharge Diagnosis	Does the Transition Record include the Discharge Diagnosis?						
	PRINDXDC	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Discharge Disposition	What was the patient's discharge disposition on the day of discharge?						
	DISCHGDISP	Alpha	1	1	1	Home	All Records
					2	Hospice - Home	
					3	Hospice - Health Care Facility	
					4	Acute Care Facility	
					5	Other Health Care Facility	
					6	Expired	
					7	Left Against Medical Advice/AMA	
					8	Not Documented or Unable to Determine (UTD)	

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)	
DVT Prophylaxis for Cesarean Delivery	Was DVT prophylaxis administered to the patient prior to Cesarean delivery?	DVTP	Alpha	1	1	Y	Yes	MAT-5
						N	No	
Ethnicity	What is the patient's self-reported ethnicity?	ETHNICCODE	Alpha	6	1	Alpha 6 characters or numeric is 5 numbers with a hyphen after the 4th number (####-#) (see Table B)	Alpha 6 characters or numeric is 5 numbers with a hyphen after the 4th number (####-#) (see Table B)	All Records
Exclusive Breast Milk Feeding	Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization?	EXBRSTFD	Alpha	1	1	Y	Yes	NEWB-1
						N	No	
Gestational Age	How many weeks of gestation were completed at the time of delivery?	GESTAGE	Alpha	3	1	In completed weeks; do not round up. Two digit number with no leading zero or "UTD".	In completed weeks; do not round up. Two digit number with no leading zero or "UTD".	MAT-4, NEWB-2
Hospital Bill Number	What is the patient's hospital bill number?	HOSPBILL#	Alpha	20	1	Hospital internal billing number. This is a required field.	Hospital internal billing number. This is a required field.	All Records
ICD-10-CM Other Diagnosis Codes	What were the ICD-10-CM other diagnosis codes selected for this medical record?	OTHRDX#	Character	3-7	24	ICD-10-CM Diagnosis code, without decimal point or dot, upper or lower case	ICD-10-CM Diagnosis code, without decimal point or dot. Allows up to 24 rows	All Records with more than one Diagnosis Code
ICD-10-PCS Other Procedure Codes	What were the ICD-10-PCS code(s) selected as other procedure(s) for this record?	OTHRPX#	Character	3-7	24	ICD-10-PCS Procedure code, without decimal point or dot, upper or lower case	ICD-10-PCSProcedure code,without decimal point or dot Allows up to 24 rows	All Records with more than one Procedure Code
ICD-10-PCS Other Procedure Dates	What were the date(s) the other procedure(s) were performed?	OTHRPX#DT	Date	10	24	User Entered (MM-DD-YYYY)	User Entered (MM-DD-YYYY). Allows up to 24 rows	All Records with more than one Procedure Code
ICD-10-CM Principal Diagnosis Code	What was the ICD-10-CM code selected as the principal diagnosis for this record?	PRINDX	Character	3-7	1	ICD-10-CM Diagnosis code, without decimal point or dot , upper or lower case	ICD-10-CM Diagnosis code, without decimal point or dot	All Records

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
ICD-10-PCS Principal Procedure Code	What was the ICD-10-PCS code selected as the principal procedure for this record?						
	PRINPX	C haracter	3-7	1	ICD-10-PCS Procedure code, without decimal point or dot, upper or lower case	ICD-10-PCS Procedure code,without decimal point or dot	All records with a principal procedure
ICD-10-PCS Principal Procedure Date	What was the date the principal procedure was performed?						
	PRINPXDATE	Date	10	1	User Entered (MM-DD-YYYY)	User Entered (MM-DD-YYYY). All records with a principal procedure	All records with a principal procedure
MassHealth Member ID	What is the patient's MassHealth Member ID?						
	MHRIDNO	Alpha	20	1	All alpha characters must be upper case	All alpha characters must be upper case	All Records
MedicalProcedures and Tests	Does the Transition Record include the Medical Procedure(s) and Test(s) and a Summary of Results?						
	PROCTEST	Alpha	1	1	Y N	Yes No	CCM-2
Newborn Bilirubin Screening	Is there documentation the infant received a serum or transcutaneous bilirubin screen prior to discharge?						
	BILISCRN	Alpha	1	1	1 2 3	1-Yes 2- Parental Refusal 3- No or UTD	NEWB-2
Number of Previous Live Births	How many deliveries resulting in a live birth did the patient experience prior to current hospitalization?						
	NUMPLB	Numeric	2 or UTD	1	0-50, UTD	0-50, UTD	MAT- 4
Patient Instructions	Does the Transition Record include Patient Instructions?						
	PATINSTR	Alpha	1	1	Y N	Yes No	CCM-2

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Payer Source	What is the patient's primary source of Medicaid payment for care provided?						
	PMTSRCE	Alpha	3	1	103	103-Medicaid (includes MassHealth)	All Records
					104	104-Medicaid Managed Care - Primary Clinicians (PCC)	
					108	108- MCD Managed Care- Fallon Community Health Plan	
					110	110- MCD Managed Care- Health New England	
					113	113- MCD Managed Care- Neighborhood Health Plan	
					118	118- MCD Managed Care- Mass Behavioral Health Partnership	
					207/ 274	207/274- MCD Managed Care -Network Health (Cambridge Health Alliance)	
					208	208- MCD Managed Care- HealthNet- Boston Medical Center	
					282	282- BMC -MassHealth CarePlus	
					283	283- Fallon- MassHealth CarePlus	
					284	284- NHP -MassHealth CarePlus	
					285	285- Network Health -MassHealth CarePlus	
					286	286- Celticare -MassHealth CarePlus	
					287	287- MassHealth CarePlus	
					119	119- Medicaid Managed Care Other	
					178	178- Children's Medical Security Plan (CMSP)	
Plan for Follow Up Care	Does the Transition Record include a Plan for Follow-Up Care related to inpatient stay OR documentation by a physician of no follow-up care required OR patient is a transfer to another site of care?						
	PLANFUP	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Primary Physician / Health Care Professional for Follow Up Care	Does the Transition Record include the name of the Primary Physician or other Health Care Professional or site designated for follow-up care?						
	PPFUP	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Provider Name	What is the name of the provider of acute care inpatient services?						
	PROVNAME	Alpha	60	1	User Entered	User Entered	All Records
Race	What is the patient's self-reported race?						
	MHRACE	Alpha	2-6	1	R1	American Indian or Alaska Native	All Records
					R2	Asian	
					R3	Black/African American	
					R4	Native Hawaiian or Pacific Islander	
					R5	White	
					R9	Other Race	
					UNKNOW	Unknown	

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Reason for Inpatient Admission	Does the Transition Record include the Reason for Inpatient Admission?						
	INPTADMREAS	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Reconciled Medication List	Did the patient/caregiver receive a copy of the reconciled medication list at the time of discharge?						
	RECONMEDLIST	Alpha	1	1	Y	Yes	CCM-1
					N	No	
Sample	Does this case represent part of a sample?						
	SAMPLE	Alpha	1	1	Y	Yes	Required minimum demographic- All Records
					N	No	
Studies Pending at Discharge	Does the Transition Record include documentation of Studies Pending at Discharge or that no studies were pending?						
	STUDPENDDC	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Term Newborn	Is there documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth?						
	TRMNB	Alpha	1	1	Y	Yes	NEWB-1
					N	No	
Transition Record	Did the patient/ caregiver(s) or next site of care for a transfer receive a transition record at the time of discharge?						
	TRREC	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Transmission Date	What is the date documented in the medical record that the Transition Record was transmitted?						
	TRDATE	Date	10	1	User Entered Date (MM-DD-YYYY or UTD)	User Entered Date (MM-DD-YYYY or UTD)	CCM-3

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
<b>Retired Elements Effective (v11.0)</b>							
Labor	Is there documentation by the clinician that the patient was in labor <i>prior to induction and/or cesarean birth?</i>						
	ACTLABOR	Alpha	1	1	Y	Yes	MAT-3
					N	No	
<b>Retired Elements Effective (v10.0)</b>							
Clinical Trial	During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied?						
	CLNCLTRIAL	Alpha	1	1	Y	Yes	MAT-3, MAT-4, MAT-5., NEWB-1, NEWB-2
					N	No	
<b>Retired Elements Effective (v 9.0)</b>							
Admission Time	At what time was the mother admitted to the labor and delivery unit?						
	TIMEADMLABDEL	Time	5	1	User Entered Time (with or without colon, HH:MM Military Time or UTD)	User Entered Time (with or without colon, HH:MM Military Time or UTD)	MAT-1
Amniotic Membrane Rupture 18 or more hours	Were the amniotic membranes ruptured for 18 or more hours?						
	AMNMEMBRUPT	Alpha	1	1	Y	Yes	MAT-1
					N	No	
Antibiotic Administration Date	What was the date of administration for the antibiotic dose?						
	DTABX	Date	10	1	User Entered Date (MM-DD-YYYY or UTD)	User Entered Date (MM-DD-YYYY or UTD)	MAT-1, MAT 2a
Antibiotic Administration Time	What was the time of administration for the antibiotic dose?						
	TMABX	Time	5	1	User Entered Time (with or without colon, HH:MM Military Time or UTD)	User Entered Time (with or without colon, HH:MM Military Time or UTD)	MAT-1, MAT 2a

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Antibiotic Name	MAT-1 What is the name of the IV antibiotic administered for GBS prophylaxis?						
	NAMEABX	Alpha	2	1	MAT-1 Permitted Values: 1 2 3 5 6 7 MAT-2b Permitted Values: 1 2 3 4 Please Note: You are required to submit the numerical code with no leading zeros from the relevant above list, not the Antibiotic Name. e.g. If the antibiotic administered for a MAT-1 case was Clindamycin, then the NAMEABX value should equal "3".	MAT-1 Permitted Antibiotics: 1 = Ampicillin 2 = Cefazolin 3 = Clindamycin 5 = Penicillin 6 = Vancomycin 7 = Other  MAT-2b Permitted Antibiotics: 1 = Ampicillin 2 = Cefazolin 3 = Gentamycin 4 = Other  For crosswalk of Trade and Generic Names, consult Table 2.1 of Appendix C of the NHIQM Specifications Manual.	MAT- 1, MAT 2b
Cesarean Delivery	Is there documentation that a Cesarean Delivery prior to Onset of Labor with Intact Membranes performed?						
	CDELIVERY	Alpha	1	1	Y N	Yes No	MAT-1
Cesarean Section Incision Time	At what time was the initial incision made for the Cesarean Section?						
	INITINCISIONTIME	Time	5	1	User Entered Time (with or without colon, HH:MM Military Time or UTD)	User Entered Time (with or without colon, HH:MM Military Time or UTD)	MAT-2a
Cesarean Section Start Date	On what date did the Cesarean Section procedure start?						
	CSECTDATE	Date	10	1	User Entered Date (MM-DD-YYYY or UTD)	User Entered Date (MM-DD-YYYY or UTD)	MAT-2a
Delivery Date	On what date was the Infant delivered?						
	INFDELDATE	Date	10	1	User Entered Date (MM-DD-YYYY or UTD)	User Entered Date (MM-DD-YYYY or UTD)	MAT-1

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Delivery Time	At what time was the infant delivered?						
	INFDELTIME	Time	5	1	User Entered Time (with colon)	User Entered Time (with or without colon,	MAT-1
GBS Bacteriuria	Did the mother have GBS bacteriuria at any time during this pregnancy?						
	GBSBACTPREG	Alpha	1	1	Y	Yes	MAT-1
					N	No	
GBS Screening	Documentation of results of the mother's vaginal and rectal screening culture for GBS performed at 35 weeks 0 days – 37 weeks 6 days gestation or within 5 weeks prior to birth.						
	GBSRSLTS	Alpha	1	1	P	Positive	MAT-1
					N	Negative	
					U	UTD (Unknown)	
Gestational Age < 37 weeks	Is there documentation that the gestational age of the infant at the time of delivery was less than 37 weeks?						
	GESTAGEWEEKS	Alpha	1	1	Y	Yes	MAT-1
					N	No	
Infection Prior to Cesarean Section	Is there documentation that the patient had a confirmed or suspected infection during this hospitalization prior to the Cesarean section or that the patient's amniotic membranes were ruptured for 18 or more hours?						
	CONFSUSPINFECT	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b
					N	No	
Intrapartum Antibiotics	Is there documentation that the patient received IV antibiotics for GBS prophylaxis in the intrapartum period?						
	ABXINTRAPARTUM	Alpha	1	1	Y	Yes	MAT-1
					N	No	
Intrapartum Temperature	Is there documentation that a temperature taken on the mother during the intrapartum period was greater than or equal to 100.4 F (38.0 C)?						
	INTRAPARTTEMP	Alpha	1	1	Y	Yes	MAT-1
					N	No	
IV Antibiotic for Cesarean Section Prophylaxis	Is there documentation that the patient received an IV antibiotic for Cesarean section surgical prophylaxis?						
	ABXCSECTION	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b
					N	No	
IV Antibiotic (Non-GBS)- MAT-1	Is there documentation that the patient received an IV antibiotic for a reason other than GBS or cesarean section prophylaxis within 24 hours prior to delivery?						
	PRENINFANTIB	Alpha	1	1	Y	Yes	MAT-1
					N	No	
IV Antibiotic (Non-GBS)- MAT-2a,2b	Is there documentation that the patient received an IV antibiotic for a reason other than GBS or Cesarean section prophylaxis within 24 hours prior to surgical incision time?						
	PROPHYLAXCSECT	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b
					N	No	

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Live Newborn	Is there documentation that the mother delivered a live newborn?						
	DELLIVENB	Alpha	1	1	Y	Yes	MAT-1
Maternal Allergies	Is there documentation that the patient has allergies, sensitivities, or intolerances to any of the recommended antibiotic classes for this measure?						
	ANTIALERGY	Alpha	1	1	Y	Yes	MAT-1, MAT-2b
Other Surgeries	Were there any other procedures requiring general or spinal anesthesia that occurred within three days prior to or after the principal procedure during this hospital stay?						
	OTHERSURG	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b
Physician 1							
	PYSICIAN_1	Alpha	50	1	User Entered	User Entered	Optional
Physician 2							
	PYSICIAN_2	Alpha	50	1	User Entered	User Entered	Optional
Previous Infant with Invasive GBS	Is there documentation that the patient delivered a previous infant with invasive GBS disease?						
	PREVINFGBS	Alpha	1	1	Y	Yes	MAT-1
<b>Retired Elements Effective (v 8.1)</b>							
Parity	How many live deliveries did the patient experience prior to current hospitalization?						
	PARITY	Numeric	2 or UTD	1	0-50, UTD	0-50, UTD	MAT- 4
<b>Retired Elements Effective (v 8.0)</b>							
Spontaneous Rupture of Membranes	Is there documentation that the patient had spontaneous rupture of membranes (SROM) before medical induction and/ or cesarean section?						
	SPONTRUPTMEMB	Alpha	1	1	Y	Yes	MAT-3
<b>Retired Elements Effective (v 5.0)</b>							
Point of Origin for Admission or Visit	ADMSNSRC	Alpha	1	1	1	1 Non-Health Care Facility Point of Origin	Optional
					2	2 Clinic	
					4	4 Transfer From a Hospital (Different Facility)	
					5	5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)	
					6	6 Transfer from another Health Care Facility	
					7	7 Emergency Room (this facility)	
					8	8 Court/Law Enforcement	
					9	9 Information Not Available	
					D	D Transfer from one distinct unit of the hospital to another in the same hospital (separate claims)	
					E	E Transfer from Ambulatory Surgery Center	
					F	F Transfer from Hospice	

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
What is the patient's Social Security number?	SOCSEC#	Alpha	9	1	No dashes	No dashes	MAT-1, MAT-2, MAT-2a, MAT-2b
What is the unique measurement system-generated number that identifies this episode of care?	CID	Numeric	9	1	User entered	Value greater than (0) assigned by the system	All Records (Optional)
Was there a Maternity Delivery ICD-9-CM diagnosis code selected for this record?	ICD9MATDELCODE	Alpha	1	1	Y	Yes	MAT-1 (Optional)
					N	No	
Was there a Cesarean Delivery ICD-9-CM procedure code selected for this record?	ICD9CSECTDELCODE	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b (Optional)
					N	No	
Was a planned Cesarean Delivery performed?	PLANCSECTION	Alpha	1	1	Y	Yes	MAT-1
					N	No	
Was there a principal or secondary ICD-9-CM diagnosis code indicating a birth weight of less than 1500 grams or a gestational age between 24 weeks and 0 days and 32 weeks and 6 days selected for this record?	LWBRTHWGTOGESTAGE	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Was the mother's age less than 18 years old?	LT18YEARS	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Was mother transferred in?	TRANSFIN	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Was mother transferred out?	TRANSFOUT	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Was there documentation of one or more of the following contraindications to administer antenatal steroids to the mother?	CTRAANTENATSTR	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Maternal thyrotoxicosis	MATTHYROTOX	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Maternal cardiomyopathy	MATCARDIOM	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Active maternal infection or choriarnionitis	MATINFORCHORIAM	Alpha	1	1	Y	Yes	NICU-1
					N	No	

**Appendix A-6: Table A for MassHealth Specific Measures (MAT 4, MAT-5, NEWB-1, NEWB-2 and CCM 1, 2,3)**

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Ruptured membranes and imminent delivery within 6-12 hours	RUPTMEMANDDEL	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Fetal demise	FETALDEMISE	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Mother with tuberculosis	MOTHTUBERCULOS	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Other reasons as documented by physician, nurse practitioner, or physician assistant	OTHRREASNDOC	Alpha	1	1	Y	Yes	NICU-1
					N	No	
What was the infant's birth weight in grams?	BIRTHWEIGHT	Alpha	4	1	No leading zeros or UTD	No leading zeros or UTD	NICU-1
What was the infant's gestational age? (in days)	GESTAGEDAYS	Numeric	1	1	In completed days, 0-6	In completed days, 0-6	NICU-1
Did the mother receive antenatal steroids (corticosteroids administered IM or IV) during pregnancy at any time prior to delivery of a very low birth weight infant?	RECVANTENATSTR	Alpha	1	1	Y	Yes	NICU-1
					N	No	

**Retired Elements Effective (v 3.0)**

Was "other" antibiotic selected?	OTHERABX	Alpha	1	1	Y	Yes	MAT-1, MAT-2
					N	No	
If yes, was "other" antibiotic specifically documented as being used for prophylaxis?	DOCPROPHYLAX	Alpha	1	1	Y	Yes	MAT-1, MAT-2
					N	No	

**Appendix A-6: Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)**

Question	Field Name	Valid Values	Value Descriptions
MH Race	MHRACE	R1	American Indian or Alaska Native
		R2	Asian
		R3	Black/African American
		R4	Native Hawaiian or Pacific Islander
		R5	White
		R9	Other Race
		UNKNOW	Unknown
Ethnicity Code	ETHNICCODE	2182-4	Cuban
		2184-0	Dominican
		2148-5	Mexican
		2180-8	Puerto Rican
		2161-8	Salvadoran
		2155-0	Central American
		2165-9	South American
		2060-2	African
		2058-6	African American
		AMERCN	American
		2028-9	Asian
		2029-7	Asian Indian
		BRAZIL	Brazilian
		2033-9	Cambodian
		COVERDN	Cape Verdean
		CARIBI	Caribbean Island
		2034-7	Chinese
		2169-1	Columbian
		2108-9	European
		2036-2	Filipino
		2157-6	Guatemalan
		2071-9	Haitian
		2158-4	Honduran
		2039-6	Japanese
		2040-4	Korean
		2041-2	Lao
		2118-8	Middle Eastern
		PORTUG	Portuguese
		RUSSIA	Russian
		EASTEU	Eastern European
		2047-9	Vietnamese
		OTHER	Other Ethnicity
		UNKNOW	Unknown/ not specified
Ethnicity Code	ETHNICCODE	1000-9	RACE
		1002-5	AMERICAN INDIAN OR ALASKA NATIVE
		1004-1	AMERICAN INDIAN
		1006-6	ABENAKI
		1008-2	ALGONQUIAN
		1010-8	APACHE
		1011-6	CHIRICAHUA
		1012-4	FORT SILL APACHE
		1013-2	JICARILLA APACHE
		1014-0	LIPAN APACHE
		1015-7	MESCALERO APACHE
		1016-5	OKLAHOMA APACHE
		1017-3	PAYSON APACHE
		1018-1	SAN CARLOS APACHE
		1019-9	WHITE MOUNTAIN APACHE
		1021-5	ARAPAHO
		1022-3	NORTHERN ARAPAHO
		1023-1	SOUTHERN ARAPAHO
		1024-9	WIND RIVER ARAPAHO
		1026-4	ARIKARA
		1028-0	ASSINIBOINE
		1030-6	ASSINIBOINE SIOUX
		1031-4	FORT PECK ASSINIBOINE SIOUX
		1033-0	BANNOCK
		1035-5	BLACKFEET
		1037-1	BROTHERTON
		1039-7	BURT LAKE BAND
		1041-3	CADD
		1042-1	OKLAHOMA CADD
		1044-7	CAHUILLA
		1045-4	AGUA CALIENTE CAHUILLA

**Appendix A-6:** Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
		1046-2	AUGUSTINE
		1047-0	CABAZON
		1048-8	LOS COYOTES
		1049-6	MORONGO
		1050-4	SANTA ROSA CAHUILLA
		1051-2	TORRES-MARTINEZ
		1053-8	CALIFORNIA TRIBES
		1054-6	CAHTO
		1055-3	CHIMARIKO
		1056-1	COAST MIWOK
		1057-9	DIGGER
		1058-7	KAWAIISU
		1059-5	KERN RIVER
		1060-3	MATTOLE
		1061-1	RED WOOD
		1062-9	SANTA ROSA
		1063-7	TAKEMLA
		1064-5	WAPPO
		1065-2	YANA
		1066-0	YUKI
		1068-6	CANADIAN AND LATIN AMERICAN INDIAN
		1069-4	CANADIAN INDIAN
		1070-2	CENTRAL AMERICAN INDIAN
		1071-0	FRENCH AMERICAN INDIAN
		1072-8	MEXICAN AMERICAN INDIAN
		1073-6	SOUTH AMERICAN INDIAN
		1074-4	SPANISH AMERICAN INDIAN
		1076-9	CATAWBA
		1078-5	CAYUSE
		1080-1	CHEHALIS
		1082-7	CHEMAKUAN
		1083-5	HOH
		1084-3	QUILEUTE
		1086-8	CHEMEHUEVI
		1088-4	CHEROKEE
		1089-2	CHEROKEE ALABAMA
		1090-0	CHEROKEES OF NORTHEAST ALABAMA
		1091-8	CHEROKEES OF SOUTHEAST ALABAMA
		1092-6	EASTERN CHEROKEE
		1093-4	ECHOTA CHEROKEE
		1094-2	ETOWAH CHEROKEE
		1095-9	NORTHERN CHEROKEE
		1096-7	TUSCOLA
		1097-5	UNITED KEETOWAH BAND OF CHEROKEE
		1098-3	WESTERN CHEROKEE
		1100-7	CHEROKEE SHAWNEE
		1102-3	CHEYENNE
		1103-1	NORTHERN CHEYENNE
		1104-9	SOUTHERN CHEYENNE
		1106-4	CHEYENNE-ARAPAHO
		1108-0	CHICKAHOMINY
		1109-8	EASTERN CHICKAHOMINY
		1110-6	WESTERN CHICKAHOMINY
		1112-2	CHICKASAW
		1114-8	CHINOOK
		1115-5	CLATSOP
		1116-3	COLUMBIA RIVER CHINOOK
		1117-1	KATHLAMET
		1118-9	UPPER CHINOOK
		1119-7	WAKIAKUM CHINOOK
		1120-5	WILLAPA CHINOOK
		1121-3	WISHRAM
		1123-9	CHIPPEWA
		1124-7	BAD RIVER
		1125-4	BAY MILLS CHIPPEWA
		1126-2	BOIS FORTE
		1127-0	BURT LAKE CHIPPEWA
		1128-8	FOND DU LAC
		1129-6	GRAND PORTAGE
		1130-4	GRAND TRAVERSE BAND OF OTTAWA/CHIPPEWA
		1131-2	KEWEENAW
		1132-0	LAC COURTE OREILLES

**Appendix A-6:** Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
		1133-8	LAC DU FLAMBEAU
		1134-6	LAC VIEUX DESERT CHIPPEWA
		1135-3	LAKE SUPERIOR
		1136-1	LEECH LAKE
		1137-9	LITTLE SHELL CHIPPEWA
		1138-7	MILLE LACS
		1139-5	MINNESOTA CHIPPEWA
		1140-3	ONTONAGON
		1141-1	RED CLIFF CHIPPEWA
		1142-9	RED LAKE CHIPPEWA
		1143-7	SAGINAW CHIPPEWA
		1144-5	ST. CROIX CHIPPEWA
		1145-2	SAULT STE. MARIE CHIPPEWA
		1146-0	SOKOGON CHIPPEWA
		1147-8	TURTLE MOUNTAIN
		1148-6	WHITE EARTH
		1150-2	CHIPPEWA CREE
		1151-0	ROCKY BOY'S CHIPPEWA CREE
		1153-6	CHITIMACHA
		1155-1	CHOCTAW
		1156-9	CLIFTON CHOCTAW
		1157-7	JENA CHOCTAW
		1158-5	MISSISSIPPI CHOCTAW
		1159-3	MOWA BAND OF CHOCTAW
		1160-1	OKLAHOMA CHOCTAW
		1162-7	CHUMASH
		1163-5	SANTA YNEZ
		1165-0	CLEAR LAKE
		1167-6	COEUR D'ALENE
		1169-2	COHAR IE
		1171-8	COLORADO RIVER
		1173-4	COLVILLE
		1175-9	COMANCHE
		1176-7	OKLAHOMA COMANCHE
		1178-3	COOS, LOWER UMPQUA, SIUSLAW
		1180-9	COOS
		1182-5	COQUILLES
		1184-1	COSTANOAN
		1186-6	COUSHATTA
		1187-4	ALABAMA COUSHATTA
		1189-0	COWLITZ
		1191-6	CREE
		1193-2	CREEK
		1194-0	ALABAMA CREEK
		1195-7	ALABAMA QUASSARTE
		1196-5	EASTERN CREEK
		1197-3	EASTERN MUSCOGEE
		1198-1	KIALEGEET
		1199-9	LOWER MUSCOGEE
		1200-5	MACHIS LOWER CREEK INDIAN
		1201-3	POARCH BAND
		1202-1	PRINCIPAL CREEK INDIAN NATION
		1203-9	STAR CLAN OF MUSCOGEE CREEKS
		1204-7	THLOPHTHOCCO
		1205-4	TUCKABACHEE
		1207-0	CROATAN
		1209-6	CROW
		1211-2	CUPENO
		1212-0	AGUA CALIENTE
		1214-6	DELAWARE
		1215-3	EASTERN DELAWARE
		1216-1	LENNI-LENAPE
		1217-9	MUNSEE
		1218-7	OKLAHOMA DELAWARE
		1219-5	RAMPOUGH MOUNTAIN
		1220-3	SAND HILL
		1222-9	DIEGUENO
		1223-7	CAMPO
		1224-5	CAPITAN GRANDE
		1225-2	CUYAPAIPA
		1226-0	LA POSTA
		1227-8	MANZANITA

**Appendix A-6: Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)**

Question	Field Name	Valid Values	Value Descriptions
		1228-6	MESA GRANDE
		1229-4	SAN PASQUAL
		1230-2	SANTA YSABEL
		1231-0	SYCUAN
		1233-6	EASTERN TRIBES
		1234-4	ATTACAPA
		1235-1	BILOXI
		1236-9	GEORGETOWN
		1237-7	MOOR
		1238-5	NANSEMOND
		1239-3	NATCHEZ
		1240-1	NAUSU WAIWASH
		1241-9	NIPMUC
		1242-7	PAUGUSSETT
		1243-5	POCOMOKE ACOHONOCK
		1244-3	SOUTHEASTERN INDIANS
		1245-0	SUSQUEHANOCK
		1246-8	TUNICA BILOXI
		1247-6	WACCAMAW -SIOUSAN
		1248-4	WICOMICO
		1250-0	ESSELEN
		1252-6	FORT BELKNAP
		1254-2	FORT BERTHOLD
		1256-7	FORT McDOWELL
		1258-3	FORT HALL
		1260-9	GABRIELENO
		1262-5	GRAND RONDE
		1264-1	GROS VENTRES
		1265-8	ATSINA
		1267-4	HALIWA
		1269-0	HIDATSA
		1271-6	HOOPA
		1272-4	TRINITY
		1273-2	WHILKUT
		1275-7	HOOPA EXTENSION
		1277-3	HOUMA
		1279-9	INAJA-COSMIT
		1281-5	IOWA
		1282-3	IOWA OF KANSAS-NEBRASKA
		1283-1	IOWA OF OKLAHOMA
		1285-6	IROQUOIS
		1286-4	CAYUGA
		1287-2	MOHAWK
		1288-0	ONEIDA
		1289-8	ONONDAGA
		1290-6	SENECA
		1291-4	SENECA NATION
		1292-2	SENECA-CAYUGA
		1293-0	TONAWANDA SENECA
		1294-8	TUSCARORA
		1295-5	WYANDOTTE
		1297-1	JUANENO
		1299-7	KALISPEL
		1301-1	KARUK
		1303-7	KAW
		1305-2	KICKAPOO
		1306-0	OKLAHOMA KICKAPOO
		1307-8	TEXAS KICKAPOO
		1309-4	KIOWA
		1310-2	OKLAHOMA KIOWA
		1312-8	KLALLAM
		1313-6	JAMESTOWN
		1314-4	LOWER ELWHA
		1315-1	PORT GAMBLE KLALLAM
		1317-7	KLAMATH
		1319-3	KONKOW
		1321-9	KOOTENAI
		1323-5	LASSIK
		1325-0	LONG ISLAND
		1326-8	MATINECOCK
		1327-6	MONTAUK
		1328-4	POOSPATUCK

**Appendix A-6:** Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
		1329-2	SETAUKEET
		1331-8	LUISENO
		1332-6	LA JOLLA
		1333-4	PALA
		1334-2	PAUMA
		1335-9	PECHANGA
		1336-7	SOBOBA
		1337-5	TWENTY-NINE PALMS
		1338-3	TEMECULA
		1340-9	LUMBEE
		1342-5	LUMMI
		1344-1	MAIDU
		1345-8	MOUNTAIN MAIDU
		1346-6	NISHINAM
		1348-2	MAKAH
		1350-8	MALISEET
		1352-4	MANDAN
		1354-0	MATTAPONI
		1356-5	MENOMINEE
		1358-1	MIAMI
		1359-9	ILLINOIS MIAMI
		1360-7	INDIANA MIAMI
		1361-5	OKLAHOMA MIAMI
		1363-1	MICCOSUKEE
		1365-6	MICMAC
		1366-4	AROOSTOOK
		1368-0	MISSION INDIANS
		1370-6	MIWOK
		1372-2	MODOC
		1374-8	MOHEGAN
		1376-3	MONO
		1378-9	NANTICOKE
		1380-5	NARRAGANSETT
		1382-1	NAVAJO
		1383-9	ALAMO NAVAJO
		1384-7	CANONCITO NAVAJO
		1385-4	RAMAH NAVAJO
		1387-0	NEZ PERCE
		1389-6	NOMALAKI
		1391-2	NORTHWEST TRIBES
		1392-0	ALSEA
		1393-8	CELICO
		1394-6	COLUMBIA
		1395-3	KALAPUYA
		1396-1	MOLALA
		1397-9	TALAKAMISH
		1398-7	TENINO
		1399-5	TILLAMOOK
		1400-1	WENATCHEE
		1401-9	YAHOOISKIN
		1403-5	OMAHA
		1405-0	OREGON ATHABASKAN
		1407-6	OSAGE
		1409-2	OTOE-MISSOURIA
		1411-8	OTTAWA
		1412-6	BURT LAKE OTTAWA
		1413-4	MICHIGAN OTTAWA
		1414-2	OKLAHOMA OTTAWA
		1416-7	PAIUTE
		1417-5	BISHOP
		1418-3	BRIDGEPORT
		1419-1	BURNS PAIUTE
		1420-9	CEDARVILLE
		1421-7	FORT BIDWELL
		1422-5	FORT INDEPENDENCE
		1423-3	KAIBAB
		1424-1	LAS VEGAS
		1425-8	LONE PINE
		1426-6	LOVELOCK
		1427-4	MALHEUR PAIUTE
		1428-2	MOAPA
		1429-0	NORTHERN PAIUTE

**Appendix A-6:** Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
		1430-8	OWENS VALLEY
		1431-6	PYRAMID LAKE
		1432-4	SAN JUAN SOUTHERN PAIUTE
		1433-2	SOUTHERN PAIUTE
		1434-0	SUMMIT LAKE
		1435-7	UTU UTU GWAITU PAIUTE
		1436-5	WALKER RIVER
		1437-3	YERINGTON PAIUTE
		1439-9	PAMUNKEY
		1441-5	PASSAMAQUODDY
		1442-3	INDIAN TOWNSHIP
		1443-1	PLEASANT POINT PASSAMAQUODDY
		1445-6	PAWNEE
		1446-4	OKLAHOMA PAWNEE
		1448-0	PENOBSCOT
		1450-6	PEORIA
		1451-4	OKLAHOMA PEORIA
		1453-0	PEQUOT
		1454-8	MARSHANTUCKET PEQUOT
		1456-3	PIMA
		1457-1	GILA RIVER PIMA-MARICOPA
		1458-9	SALT RIVER PIMA-MARICOPA
		1460-5	PISCATAWAY
		1462-1	PIT RIVER
		1464-7	POMO
		1465-4	CENTRAL POMO
		1466-2	DRY CREEK
		1467-0	EASTERN POMO
		1468-8	KASHIA
		1469-6	NORTHERN POMO
		1470-4	SCOTTS VALLEY
		1471-2	STONYFORD
		1472-0	SULPHUR BANK
		1474-6	PONCA
		1475-3	NEBRASKA PONCA
		1476-1	OKLAHOMA PONCA
		1478-7	POTAWATOMI
		1479-5	CITIZEN BAND POTAWATOMI
		1480-3	FOREST COUNTY
		1481-1	HANNAHVILLE
		1482-9	HURON POTAWATOMI
		1483-7	POKAGON POTAWATOMI
		1484-5	PRAIRIE BAND
		1485-2	WISCONSIN POTAWATOMI
		1487-8	POWHATAN
		1489-4	PUEBLO
		1490-2	ACOMA
		1491-0	ARIZONA TEWA
		1492-8	COCHITI
		1493-6	HOPI
		1494-4	ISLETA
		1495-1	JEMEZ
		1496-9	KERES
		1497-7	LAGUNA
		1498-5	NAMBE
		1499-3	PICURIS
		1500-8	PIRO
		1501-6	POJOAQUE
		1502-4	SAN FELIPE
		1503-2	SAN ILDEFONSO
		1504-0	SAN JUAN PUEBLO
		1505-7	SAN JUAN DE
		1506-5	SAN JUAN
		1507-3	SANDIA
		1508-1	SANTA ANA
		1509-9	SANTA CLARA
		1510-7	SANTO DOMINGO
		1511-5	TAOS
		1512-3	TESUQUE
		1513-1	TEWA
		1514-9	TIGUA
		1515-6	ZIA

**Appendix A-6: Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)**

Question	Field Name	Valid Values	Value Descriptions
		1516-4	ZUNI
		1518-0	PUGET SOUND SALISH
		1519-8	DUWAMISH
		1520-6	KIKIALLUS
		1521-4	LOWER SKAGIT
		1522-2	MUCKLESHOOT
		1523-0	NISQUALLY
		1524-8	NOOKSACK
		1525-5	PORT MADISON
		1526-3	PUYALLUP
		1527-1	SAMISH
		1528-9	SAUK-SUIATTE
		1529-7	SKOKOMISH
		1530-5	SKYKOMISH
		1531-3	SNOHOMISH
		1532-1	SNOQUALMIE
		1533-9	SQUAXIN ISLAND
		1534-7	STEILACOOM
		1535-4	STILLAGUAMISH
		1536-2	SUQUAMISH
		1537-0	SWINOMISH
		1538-8	TULALIP
		1539-6	UPPER SKAGIT
		1541-2	QUAPAW
		1543-8	QUINAULT
		1545-3	RAPPAHANNOCK
		1547-9	RENO-SPARKS
		1549-5	ROUND VALLEY
		1551-1	SAC AND FOX
		1552-9	IOWA SAC AND FOX
		1553-7	MISSOURI SAC AND FOX
		1554-5	OKLAHOMA SAC AND FOX
		1556-0	SALINAN
		1558-6	SALISH
		1560-2	SALISH AND KOOTENAI
		1562-8	SCHAGHTICOKE
		1564-4	SCOTT VALLEY
		1566-9	SEMINOLE
		1567-7	BIG CYPRESS
		1568-5	BRIGHTON
		1569-3	FLORIDA SEMINOLE
		1570-1	HOLLYWOOD SEMINOLE
		1571-9	OKLAHOMA SEMINOLE
		1573-5	SERRANO
		1574-3	SAN MANUAL
		1576-8	SHASTA
		1578-4	SHAWNEE
		1579-2	ABSENTEE SHAWNEE
		1580-0	EASTERN SHAWNEE
		1582-6	SHINNECOCK
		1584-2	SHOALWATER BAY
		1586-7	SHOSHONE
		1587-5	BATTLE MOUNTAIN
		1588-3	DUCKWATER
		1589-1	ELKO
		1590-9	ELY
		1591-7	GOSHUTE
		1592-5	PANAMINT
		1593-3	RUBY VALLEY
		1594-1	SKULL VALLEY
		1595-8	SOUTH FORK SHOSHONE
		1596-6	TE-MOAK WESTERN SHOSHONE
		1597-4	TIMBI-SHA SHOSHONE
		1598-2	WASHAKIE
		1599-0	WIND RIVER SHOSHONE
		1600-6	YOMBA
		1602-2	SHOSHONE PAIUTE
		1603-0	DUCK VALLEY
		1604-8	FALON
		1605-5	FORT McDERMITT
		1607-1	SILETZ
		1609-7	SIOUX

**Appendix A-6:** Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
		1610-5	BLACKFOOT SIOUX
		1611-3	BRULE SIOUX
		1612-1	CHEYENNE RIVER SIOUX
		1613-9	CROW CREEK SIOUX
		1614-7	DAKOTA SIOUX
		1615-4	FLANDREAU SANTEE
		1616-2	FORT PECK
		1617-0	LAKE TRAVERSE SIOUX
		1618-8	LOWER BRULE SIOUX
		1619-6	LOWER SIOUX
		1620-4	MDEWAKANTON SIOUX
		1621-2	MINICONJOU
		1622-0	OGLALA SIOUX
		1623-8	PINE RIDGE SIOUX
		1624-6	PIPESTONE SIOUX
		1625-3	PRAIRIE ISLAND SIOUX
		1626-1	PRIOR LAKE SIOUX
		1627-9	ROSEBUD SIOUX
		1628-7	SANS ARC SIOUX
		1629-5	SANTEE SIOUX
		1630-3	SISSETON-WAHPETON
		1631-1	SISSETON SIOUX
		1632-9	SPIRIT LAKE SIOUX
		1633-7	STANDING ROCK SIOUX
		1634-5	TETON SIOUX
		1635-2	TWO KETTLE SIOUX
		1636-0	UPPER SIOUX
		1637-8	WAHPEKUTE SIOUX
		1638-6	WAHPETON SIOUX
		1639-4	WAZHADA SIOUX
		1640-2	YANKTON SIOUX
		1641-0	YANKTONAI SIOUX
		1643-6	SIUSLAW
		1645-1	SPOKANE
		1647-7	STEWART
		1649-3	STOCKBRIDGE
		1651-9	SUSANVILLE
		1653-5	TOHONO O'ODHAM
		1654-3	AK-CHIN
		1655-0	GILA BEND
		1656-8	SAN XAVIER
		1657-6	SELLS
		1659-2	TOLOWA
		1661-8	TONKAWA
		1663-4	TYGH
		1665-9	UMATILLA
		1667-5	UMPQUA
		1668-3	COW CREEK UMPQUA
		1670-9	UTE
		1671-7	ALLEN CANYON
		1672-5	UINTAH UTE
		1673-3	UTE MOUNTAIN UTE
		1675-8	WAILAKI
		1677-4	WALLA-WALLA
		1679-0	WAMPANOAG
		1680-8	GAY HEAD WAMPANOAG
		1681-6	MASHPEE WAMPANOAG
		1683-2	WARM SPRINGS
		1685-7	WASCOPUM
		1687-3	WASHOE
		1688-1	ALPINE
		1689-9	CARSON
		1690-7	DRESSLERVILLE
		1692-3	WICHITA
		1694-9	WIND RIVER
		1696-4	WINNEBAGO
		1697-2	HO-CHUNK
		1698-0	NEBRASKA WINNEBAGO
		1700-4	WINNEMUCCA
		1702-0	WINTUN
		1704-6	WIYOT
		1705-3	TABLE BLUFF

**Appendix A-6:** Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
		1707-9	YAKAMA
		1709-5	YAKAMA COWLITZ
		1711-1	YAQUI
		1712-9	BARRIO LIBRE
		1713-7	PASCUA YAQUI
		1715-2	YAVAPAI APACHE
		1717-8	YOKUTS
		1718-6	CHUKCHANSI
		1719-4	TACHI
		1720-2	TULE RIVER
		1722-8	YUCHI
		1724-4	YUMAN
		1725-1	COCOPAH
		1726-9	HAVASUPAI
		1727-7	HUALAPAI
		1728-5	MARICOPA
		1729-3	MOHAVE
		1730-1	QUECHAN
		1731-9	YAVAPAI
		1732-7	YUROK
		1733-5	COAST YUROK
		1735-0	ALASKA NATIVE
		1737-6	ALASKA INDIAN
		1739-2	ALASKAN ATHABASCAN
		1740-0	AHTNA
		1741-8	ALATNA
		1742-6	ALEXANDER
		1743-4	ALLAKAKET
		1744-2	ALANVIK
		1745-9	ANVIK
		1746-7	ARCTIC
		1747-5	BEAVER
		1748-3	BIRCH CREEK
		1749-1	CANTWELL
		1750-9	CHALKYITSIK
		1751-7	CHICKALOON
		1752-5	CHISTOCHINA
		1753-3	CHITINA
		1754-1	CIRCLE
		1755-8	COOK INLET
		1756-6	COPPER CENTER
		1757-4	COPPER RIVER
		1758-2	DOT LAKE
		1759-0	DOYON
		1760-8	EAGLE
		1761-6	EKLUTNA
		1762-4	EVANSVILLE
		1763-2	FORT YUKON
		1764-0	GAKONA
		1765-7	GALENA
		1766-5	GRAYLING
		1767-3	GULKANA
		1768-1	HEALY LAKE
		1769-9	HOLY CROSS
		1770-7	HUGHES
		1771-5	HUSLIA
		1772-3	ILIAMNA
		1773-1	KALTAG
		1774-9	KLUTI KAAH
		1775-6	KNIK
		1776-4	KOYUKUK
		1777-2	LAKE MINCHUMINA
		1778-0	LIME
		1779-8	MCGRATH
		1780-6	MANLEY HOT SPRINGS
		1781-4	MENTASTA LAKE
		1782-2	MINTO
		1783-0	NENANA
		1784-8	NIKOLAI
		1785-5	NINILCHIK
		1786-3	NONDALTON
		1787-1	NORTHWAY

**Appendix A-6: Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)**

Question	Field Name	Valid Values	Value Descriptions
		1788-9	NULATO
		1789-7	PEDRO BAY
		1790-5	RAMPART
		1791-3	RUBY
		1792-1	SALAMATOF
		1793-9	SELDOVIA
		1794-7	SLANA
		1795-4	SHAGELUK
		1796-2	STEVENS
		1797-0	STONY RIVER
		1798-8	TAKOTNA
		1799-6	TANACROSS
		1800-2	TANAINA
		1801-0	TANANA
		1802-8	TANANA CHIEFS
		1803-6	TAZLINA
		1804-4	TELIDA
		1805-1	TETLIN
		1806-9	TOK
		1807-7	TYONEK
		1808-5	VENETIE
		1809-3	WISEMAN
		1811-9	SOUTHEAST ALASKA
		1813-5	TLINGIT-Haida
		1814-3	ANGOON
		1815-0	CENTRAL COUNCIL OF TLINGIT AND HAIDA TRIBES
		1816-8	CHILKAT
		1817-6	CHILKOOT
		1818-4	CRAIG
		1819-2	DOUGLAS
		1820-0	HADA
		1821-8	HOONAH
		1822-6	HYDABURG
		1823-4	KAKE
		1824-2	KASAAN
		1825-9	KENAITZE
		1826-7	KETCHIKAN
		1827-5	KLAWOCK
		1828-3	PELICAN
		1829-1	PETERSBURG
		1830-9	SAXMAN
		1831-7	SITKA
		1832-5	TENAKEE SPRINGS
		1833-3	TLINGIT
		1834-1	WRANGELL
		1835-8	YAKUTAT
		1837-4	TSIMSHIAN
		1838-2	METLAKATLA
		1840-8	ESKIMO
		1842-4	GREENLAND ESKIMO
		1844-0	INUPIAT ESKIMO
		1845-7	AMBLER
		1846-5	ANAKTUVUK
		1847-3	ANAKTUVUK PASS
		1848-1	ARCTIC SLOPE INUPIAT
		1849-9	ARCTIC SLOPE CORPORATION
		1850-7	ATOASUK
		1851-5	BARROW
		1852-3	BERING STRAITS INUPIAT
		1853-1	BREVIG MISSION
		1854-9	BUCKLAND
		1855-6	CHINIK
		1856-4	COUNCIL
		1857-2	DEERING
		1858-0	ELIM
		1859-8	GOLOVIN
		1860-6	INALIK DIOMEDE
		1861-4	INUPIAQ
		1862-2	KAKTOVIK
		1863-0	KAWERAK
		1864-8	KIANA
		1865-5	KIVALINA

**Appendix A-6:** Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
		1866-3	KOBUK
		1867-1	KOTZEBUE
		1868-9	KOYUK
		1869-7	KWIGUK
		1870-5	MAUNELUK INUPIAT
		1871-3	NANA INUPIAT
		1872-1	NOATAK
		1873-9	NOME
		1874-7	NOORVIK
		1875-4	NUQSUT
		1876-2	POINT HOPE
		1877-0	POINT LAY
		1878-8	SELAWIK
		1879-6	SHAKTOOLIK
		1880-4	SHISHMAREF
		1881-2	SHUNGNAK
		1882-0	SOLOMON
		1883-8	TELLER
		1884-6	UNALAKLEET
		1885-3	WAINWRIGHT
		1886-1	WALES
		1887-9	WHITE MOUNTAIN
		1888-7	WHITE MOUNTAIN INUPIAT
		1889-5	MARY'S IGLOO
		1891-1	SIERRIAN ESKIMO
		1892-9	GAMBELL
		1893-7	SAVOONGA
		1894-5	SIERRIAN YUPIK
		1896-0	YUPIK ESKIMO
		1897-8	AKIACHAK
		1898-6	AKIAK
		1899-4	ALAKANUK
		1900-0	ALEKNAGIK
		1901-8	ANDREAFSKY
		1902-6	ANIAK
		1903-4	ATMAUTLUAK
		1904-2	BETHEL
		1905-9	BILL MOORE'S SLOUGH
		1906-7	BRISTOL BAY YUPIK
		1907-5	CALISTA YUPIK
		1908-3	CHEFORNAK
		1909-1	CHEVAK
		1910-9	CHUATHBALUK
		1911-7	CLARK'S POINT
		1912-5	CROOKED CREEK
		1913-3	DILLINGHAM
		1914-1	EEK
		1915-8	EKUK
		1916-6	EKWOK
		1917-4	EMMONAK
		1918-2	GOODNEWS BAY
		1919-0	HOOPER BAY
		1920-8	IQRUMUIT (RUSSIAN MISSION)
		1921-6	KALSKAG
		1922-4	KASIGLUK
		1923-2	KIPNUK
		1924-0	KOLIGANEK
		1925-7	KONGIGANAK
		1926-5	KOTLIK
		1927-3	KWETHLUK
		1928-1	KWIGILLINGOK
		1929-9	LEVELOCK
		1930-7	LOWER KALSKAG
		1931-5	MANOKOTAK
		1932-3	MARSHALL
		1933-1	MEKORYUK
		1934-9	MOUNTAIN VILLAGE
		1935-6	NAKNEK
		1936-4	NAPAUMUTE
		1937-2	NAPAKIAK
		1938-0	NAPASKIAK
		1939-8	NEWHALEN

**Appendix A-6: Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)**

Question	Field Name	Valid Values	Value Descriptions
		1940-6	NEW STUYAHOK
		1941-4	NEWTOK
		1942-2	NIGHTMUTE
		1943-0	NUNAPITCHUKV
		1944-8	OSCARVILLE
		1945-5	PILOT STATION
		1946-3	PITKAS POINT
		1947-1	PLATINUM
		1948-9	PORTAGE CREEK
		1949-7	QUINHAGAK
		1950-5	RED DEVIL
		1951-3	ST. MICHAEL
		1952-1	SCAMMON BAY
		1953-9	SHELDON'S POINT
		1954-7	SLEETMUTE
		1955-4	STEBBINS
		1956-2	TOGIAK
		1957-0	TOKSOOK
		1958-8	TULUKSKAK
		1959-6	TUNTUTULIAK
		1960-4	TUNUNAK
		1961-2	TWIN HILLS
		1962-0	GEORGETOWN
		1963-8	ST. MARY'S
		1964-6	UMKUMIATE
		1966-1	ALEUT
		1968-7	ALUTIIQ ALEUT
		1969-5	TATITLEK
		1970-3	UGASHIK
		1972-9	BRISTOL BAY ALEUT
		1973-7	CHIGNIK
		1974-5	CHIGNIK LAKE
		1975-2	EGERIK
		1976-0	IGIUGIG
		1977-8	IVANOF BAY
		1978-6	KING SALMON
		1979-4	KOKHANOK
		1980-2	PERRYVILLE
		1981-0	PILOT POINT
		1982-8	PORT HEIDEN
		1984-4	CHUGACH ALEUT
		1985-1	CHENEGA
		1986-9	CHUGACH CORPORATION
		1987-7	ENGLISH BAY
		1988-5	PORT GRAHAM
		1990-1	EYAK
		1992-7	KONIAQ ALEUT
		1993-5	AKHIOK
		1994-3	AGDAAGUX
		1995-0	KARLUK
		1996-8	KODIAK
		1997-6	LARSEN BAY
		1998-4	OLD HARBOR
		1999-2	OUZINKIE
		2000-8	PORT LIONS
		2002-4	SUGPIAQ
		2004-0	SUQPIAQ
		2006-5	UNANGAN ALEUT
		2007-3	AKUTAN
		2008-1	ALEUT CORPORATION
		2009-9	ALEUTIAN
		2010-7	ALEUTIAN ISLANDER
		2011-5	ATKA
		2012-3	BELKOFSKI
		2013-1	CHIGNIK LAGOON
		2014-9	KING COVE
		2015-6	FALSE PASS
		2016-4	NELSON LAGOON
		2017-2	NIKOLSKI
		2018-0	PAULOFF HARBOR
		2019-8	QAGAN TOYAGUNGIN
		2020-6	QAVALANGIN

**Appendix A-6:** Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
		2021-4	ST. GEORGE
		2022-2	ST. PAUL
		2023-0	SAND POINT
		2024-8	SOUTH NAKNEK
		2025-5	UNALASKA
		2026-3	UNGA
		2028-9	ASIAN
		2029-7	ASIAN INDIAN
		2030-5	BANGLADESHI
		2031-3	BHUTANESE
		2032-1	BURMESE
		2033-9	CAMBODIAN
		2034-7	CHINESE
		2035-4	TAIWANESE
		2036-2	FILIPINO
		2037-0	HMONG
		2038-8	INDONESIAN
		2039-6	JAPANESE
		2040-4	KOREAN
		2041-2	LAOTIAN
		2042-0	MALAYSIAN
		2043-8	OKINAWAN
		2044-6	PAKISTANI
		2045-3	SRI LANKAN
		2046-1	THAI
		2047-9	VietNAMESE
		2048-7	IWO JIMAN
		2049-5	MALDIVIAN
		2050-3	NEPALESE
		2051-1	SINGAPOREAN
		2052-9	MADAGASCAR
		2054-5	BLACK OR AFRICAN AMERICAN
		2056-0	BLACK
		2058-6	AFRICAN AMERICAN
		2060-2	AFRICAN
		2061-0	BOTSWANAN
		2062-8	ETHIOPIAN
		2063-6	LIBERIAN
		2064-4	NAMIBIAN
		2065-1	NIGERIAN
		2066-9	ZAIREAN
		2067-7	BAHAMIAN
		2068-5	BARBadian
		2069-3	DOMINICAN
		2070-1	DOMINICA ISLANDER
		2071-9	HAITIAN
		2072-7	JAMAICAN
		2073-5	TOBAGOAN
		2074-3	TRINIDADIAN
		2075-0	WEST INDIAN
		2076-8	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
		2078-4	POLYNESIAN
		2079-2	NATIVE HAWAIIAN
		2080-0	SAMOAN
		2081-8	TAHITIAN
		2082-6	TONGAN
		2083-4	TOKELAUAN
		2085-9	MICRONESIAN
		2086-7	GUAMANIAN OR CHAMORRO
		2087-5	GUAMANIAN
		2088-3	CHAMORRO
		2089-1	MARIANA ISLANDER
		2090-9	MARSHALLESE
		2091-7	PALAUAN
		2092-5	CAROLINIAN
		2093-3	KOSRAEAN
		2094-1	POHNPEIAN
		2095-8	SAIPANESE
		2096-6	KIRIBATI
		2097-4	CHUUKENESE
		2098-2	YAPESE
		2100-6	MELANESIAN

**Appendix A-6:** Table B for MassHealth Specific Measures (MAT 4, MAT 5, NEWB 1, NEWB 2, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
		2101-4	FIJIAN
		2102-2	PAPUA NEW GUINEAN
		2103-0	SOLOMON ISLANDER
		2104-8	NEW HEBRIDES
		2106-3	WHITE
		2108-9	EUROPEAN
		2109-7	ARMENIAN
		2110-5	ENGLISH
		2111-3	FRENCH
		2112-1	GERMAN
		2113-9	IRISH
		2114-7	ITALIAN
		2115-4	POLISH
		2116-2	SCOTTISH
		2118-8	MIDDLE EASTERN OR NORTH AFRICAN
		2119-6	ASSYRIAN
		2120-4	EGYPTIAN
		2121-2	IRANIAN
		2122-0	IRAQI
		2123-8	LEBANESE
		2124-6	PALESTINIAN
		2125-3	SYRIAN
		2126-1	AFGHANISTANI
		2127-9	ISRAEILI
		2129-5	ARAB
		2131-1	OTHER RACE
		2133-7	ETHNICITY
		2135-2	HISPANIC OR LATINO
		2137-8	SPANIARD
		2138-6	ANDALUSIAN
		2139-4	ASTURIAN
		2140-2	CASTILLIAN
		2141-0	CATALANIAN
		2142-8	BELEARIC ISLANDER
		2143-6	GALLEGO
		2144-4	VALENCIAN
		2145-1	CANARIAN
		2146-9	SPANISH BASQUE
		2148-5	MEXICAN
		2149-3	MEXICAN AMERICAN
		2150-1	MEXICANO
		2151-9	CHICANO
		2152-7	LA RAZA
		2153-5	MEXICAN AMERICAN INDIAN
		2155-0	CENTRAL AMERICAN
		2156-8	COSTA RICAN
		2157-6	GUATEMALAN
		2158-4	HONDURAN
		2159-2	NICARAGUAN
		2160-0	PANAMANIAN
		2161-8	EL SALVADORAN
		2162-6	CENTRAL AMERICAN INDIAN
		2163-4	CANAL ZONE
		2165-9	SOUTH AMERICAN
		2166-7	ARGENTINEAN
		2167-5	BOLIVIAN
		2168-3	CHILEAN
		2169-1	COLOMBIAN
		2170-9	ECUADORIAN
		2171-7	PARAGUAYAN
		2172-5	PERUVIAN
		2173-3	URUGUAYAN
		2174-1	VENEZUELAN
		2175-8	SOUTH AMERICAN INDIAN
		2176-6	CRIOULLO
		2178-2	LATIN AMERICAN
		2180-8	PUERTO RICAN
		2182-4	CUBAN
		2184-0	Dominican
		2186-5	NOT HISPANIC OR LATINO
		2500-7	OTHER PACIFIC ISLANDER